

Part I General Information

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| 1 Name of organization Virginia Taxicab Association Political Action Committee | | Employer identification number 54 1039304 |
| 2 Mailing address (P.O. Box or number, street, and room or suite number) P. O. Box 170 | | |
| City or town, state, and ZIP code Richmond, Virginia, 23218 | | |
| 3 E-mail address of organization lindlcorp@aol.com | | |
| 4a Name of custodian of records Charles R. Duvall, Jr. | 4b Custodian's address P. O. Box 170 Richmond, Virginia, 23218 | |
| 5a Name of contact person Linda V. Duvall | 5b Contact person's address P. O. Box 170 Richmond, Virginia, 23218 | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 2307 East Broad Street | | |
| City or town, state, and ZIP code Richmond, Virginia, 23223 | | |

Part II Purpose

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| 7 Describe the purpose of the organization To promote and strive for the improvement of government by encouraging taxicab owners, operators and others to take a more active and effective part in government affairs. To support financially candidates in the elections for governor, lieutenant governor, attorney general and the general assembly of the Commonwealth of Virginia and all other causes directly effecting the Commonwealth. |
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Part III List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|----------------------------------|------------------------|--|
| Va. Taxicab Association | parent assoc. | P. O. Box 170 Richmond, Virginia, 23223 |
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[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

